

MedProvider Suite 206

3434 Swiss Ave. Suite 206, Dallas, TX 75204
(214) 828-5775 Fax: (214) 828-5777

01/30/2013 03:25 PM

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Super Bill

Patient Information:

Patient: **PLOCK, ROBERT A**
Address: **6827 LATTA PARKWAY**
DALLAS, TX 75227-0000
Home Phone: **(214)275-4195**
Work Phone: **(214)799-7775**
Resp. Provider: **William Thomas Christensen MD**

Gender: **Male**
DOB: **7/26/1968**
Patient ID: **256170-0171001**
Last PM ID: **7235396**
EHR #:

Insurance:

Primary Ins: **UMR - 00177**
Plan: **0017190**
Policy #: **13280912**

Secondary Ins:
Plan:
Policy #:

Group #: **76410892**
Phone: **(866)881-0111**
Fax:
Contact:

Group #:
Phone:
Fax:
Contact:

Provider: **William Thomas Christensen M** Status: **On Hold**
Clinical Date: **01/30/2013** Location of Care: **MEDPRO**
Summary: **IM OV BACK AND NECK**

Document ID: **50**
Visit ID: **003478206 00005**

Service Orders

<u>Code</u>	<u>Description</u>	<u>Order No</u>	<u>Units</u>	<u>Diagnoses</u>	<u>Priority</u>	<u>Status</u>
CPT-99214	99214 est detailed	6340119-1	1	BACK PAIN(ICD-724.5)		U

Service Provider:

Order Authorized By: **William Thomas Christensen MD**

Order Signed By:

Order Signed On:

Comments: **return in 1 month**

Report run by Nancy Sanders POR

☐ Medicare ☐ Medicaid ☐ HMO
☐ Account ☐ Patient ☐ PPO/POS

Order Status: I - In Process U - Unsigned H - Admin Hold X - Canceled C - Completed

Note: When ordering tests for which reimbursement (including Medicare or Medicaid) will be sought, providers authorized by law to order tests should only order tests that are medically necessary for the diagnosis or treatment of the patient.